Multiple Primary and Histology Site Specific Coding Rules

COLON
Prerequisites

Completion of Multiple Primary and Histology General Coding Rules
There are many ways to view the Multiple Primary/Histology rules, or rather ways in which they are diagramed to aid in understanding how they are put together.

The rules themselves are provided in three formats to support different styles of learning and interaction with instructions:

- text
- matrix
- flowchart

Any abstraction from the rules does not replace the rules, but may provide insight into their underlying structure.
Borrowing from the three formats for the rules themselves, structure can be diagramed in a *text or outline form*, a *matrix or table form*, and a *flowchart form*.

You have previously reviewed the table format when you looked at the two color coded spreadsheets for the multiple primary and the histology rules.

The table form shows most clearly the alternating patterns of single versus multiple primary decisions across the primary sites, the commonality of rules across the primary sites, and the clustering of site-specific rules in different primary sites.
Links to illustrations and/or diagrams will be provided for each site to diagram the process of multiple-primary decision making in a sequential fashion, comparing existing and new records in a registry database. The charts included here assume the tumors have already been assigned to the appropriate anatomic site.
Multiple Primary and Histology Coding Rules
The Colon section provides rules for the colon sites only, rectosigmoid and rectum are included in the Other Sites group.

The Colon rules focus on three general guidelines:

- the importance of identifying and coding involvement of adenocarcinoma in adenomas or polyps
- the conditions under which mucinous or signet ring cell types of adenocarcinoma can be coded
- the correct use of carcinoid codes

The terms and conditions section does note that “exophytic” and “polypoid” are not to be read as synonymous with “polyp.”
The levels of invasion into and through the colon wall are identified, along with terms that may appear in a pathology report to indicate level of invasion, such as:

- intramucosal
- transmural

Some types of colon histologies are described in this section, which also contains a diagram of standard colon measurements that may be of assistance in locating primary site of tumors as described on colonoscopy.
The multiple primary rules for Colon are divided into the standard modules of:

- Unknown if Single or Multiple Tumors,
- Single Tumor, and
- Multiple Tumors.

The first rule, M1, is a standard rule, if it is not possible to determine if there is a single or multiple tumors, consider the case as having a single tumor and abstract as a single primary.

The second rule, M2, is a standard rule, a single tumor is always a single primary.
Looking at the Multiple Tumors module, the first rule here, M3, is very specific to colon cancers.

Adenocarcinoma in adenomatous polyposis coli or familial polyposis with one or more malignant polyps is a single primary.

This rule has been interpreted as applying when adenocarcinoma and the condition of familial polyposis occur together, even if the cancer is not specifically identified in the pathology report as arising from one of the polyps.
• M4 states that tumors in sites with ICD-O-3 topography codes differing among all four characters are separate primaries.

• For some sites the fourth character of the ICD-O-3 topography code does not indicate a separate primary site, but this rule maintains the traditional separation of colon primary sites by subsite code (except for familial polyposis); thus a tumor in the hepatic flexure, C183, and a tumor in the transverse colon, C184, represent separate primary cancers.

• Rule M5 contains the timing rule for colon primaries, tumors diagnosed more than one year apart are multiple primaries.

• The next rule, M6, is standard across most sites, an invasive tumor following an in situ tumor more than 60 days after diagnosis is another primary cancer.
• Rule M7 is again a site-specific rule for colon cancers, a frank malignant or in situ adenocarcinoma and an in situ or malignant tumor in a polyp are a single primary.
• This rule is being applied after M3, so that the polyp and the invasive adenocarcinoma by definition would be occurring in the same subsite of the colon.
• Rule M8 is the standard rule about abstracting as a single primary a non-specific and a specific histology; the pairings for colon are cancer/malignant neoplasm and a specific histology, carcinoma NOS and a specific carcinoma; adenocarcinoma NOS and a specific adenocarcinoma; and sarcoma NOS and a specific sarcoma.
The next rule,

- M9, is again specific to colon, multiple in situ and/or malignant polyps are a single primary.

The final first three characters are multiple primaries.

- M11, tumors that have not met any of the previous criteria are abstracted as a single primary.
- Again, by the time Rule M11 is applied, all tumors are in the same subsite of the colon.
The Colon histology modules contain numerous site-specific rules dealing with polyps, mucinous and signet ring histology, and carcinoid histologies. The first two rules in both the Single Tumor and Multiple Tumors Abstracted as a Single Primary module are standard rules.

- H1 and H15 state that when no pathology/cytology specimen is taken or the report is not available, code histology from the medical information provided by the physician.
- Rules H2 and H16 state that if no pathology or cytology is available from the primary site but is available from a metastatic site, the diagnosis from the metastatic site is coded.
• Rule H3 states that if a report diagnosis intestinal type adenocarcinoma of the colon, adenocarcinoma is coded; “intestinal type” applies to gastric cancers, it is not a specific type of histology for colon cancers.
• Rule H4 states that a polyp code should be used if there is any description of the cancer arising in a polyp.

The three polyp codes are:
• 8210, adenocarcinoma in adenomatous polyp
• 8261, adenocarcinoma in villous adenoma
• 8263, adenocarcinoma in tubulovillous adenoma

The next eight rules in the “Single Tumor” module address the histology issues noted.
Colon is unique in that this is the only site where the rules specifically state that, in two instances, information can be drawn from other parts of the pathology report or the medical record when there is a final pathologic diagnosis.

In the first instance, information about “polyp” can be taken from the microscopic part of the pathology report or from other documentation that the tumor arose in a polyp, such as an operative report describing a polypectomy.

Except for the case of familial polyposis though, the documentation must show that the carcinoma arose in the polyp.
The next rule addresses the second instance where information can be taken from the microscopic section of the pathology report to aid in histology coding.

As stated in the next rule:

- H5, mucinous/colloid adenocarcinoma 84803, or signet ring cell carcinoma, 84903, is coded when the final diagnosis states mucinous/colloid or signet ring cell; or the final diagnosis states adenocarcinoma NOS and the microscopic documents that 50% or more of the tumor is mucinous/colloid, or 50% or more of the tumor is signet ring cell.
H6, explicitly presents the instruction for coding when the final diagnosis is adenocarcinoma NOS and the microscopic states that less than 50% of the tumor is mucinous/colloid or signet ring cell, or the percentage of mucinous/colloid or signet ring cell involvement is not stated.

H7 is the final of the three rules addressing mucinous/colloid and signet ring cell types of adenocarcinoma; the code for adenocarcinoma of mixed types, 82553, is used when there is a combination of the two histologies. Mucinous/colloid and signet ring cell histologies are both associated with mucin; in the mucinous/colloid type, the mucin is extra-cellular, and in the signet ring cell type, the mucin is intra-cellular.
The next trio of rules address problems in coding carcinoid histologies in the colon.

- Rule H8 states that carcinoid NOS, 82403, is coded when the diagnosis is neuroendocrine carcinoma and carcinoid tumor.
- Rule H9 states that composite carcinoid, 82443, is coded when the diagnosis is adenocarcinoma and carcinoid tumor.
- Rule H10 states that adenocarcinoid, 82453, is coded when the diagnosis is exactly adenocarcinoid.
The final four rules in the “Single Tumor” module for colon are standard rules:

- H11, code the histology when a single histologic type is identified.
- H12, code the invasive histology when both in situ and invasive components are identified.
- H13, code the most specific histologic term.
- H14, code the histology with the numerically highest ICD-O-3 code.
The non-specific/specific histology pairs for colon are:

- cancer/malignant neoplasm NOS and a more specific histology
- carcinoma NOS and a more specific carcinoma
- adenocarcinoma NOS and a more specific adenocarcinoma
- sarcoma NOS and a more specific sarcoma
The Multiple Tumors Abstracted as a Single Primary module contains the same standard rules as the Single Tumor module, though in a slightly different order, and rules relating to coding multiple polyps.

We have already reviewed H15 and H16.
• H17, adenocarcinoma in adenomatous polyposis coli, 82203, is coded when there is a clinical diagnosis of familial polyposis and a pathologic diagnosis of adenocarcinoma in adenomatous polyps, there are more than 100 polyps in the resected specimen, or the number of polyps is not specific but the diagnosis is stated as familial polyposis.
• H18, states that the highest polyp code, 8263, is coded when there are multiple in situ or malignant polyps present, at least one of which is tubulovillous; this rule however does not apply to the combination of a frank adenocarcinoma and adenocarcinoma in tubulovillous adenoma.
The third polyp rule,

- H19, can be compared with rule H17; 8221, adenocarcinoma in multiple adenomatous polyps, is coded when there are between 1 and 100 polyps with adenocarcinoma in the resected specimen, or there are multiple polyps with adenocarcinoma, the number is not given, and familial polyposis is not mentioned.
- Relating this rule to the multiple primary rules, the multiple polyps would have to be found in the same segment of the colon to be considered as a single primary coded with this rule.
The next rule is standard across many sites,

- H20, code the histology of the most invasive tumor.
- This rule would apply in the case of a frank adenocarcinoma and adenocarcinoma in a polyp, with the histology of the more invasive tumor being coded.
- The rule specifically states that if the tumors being considered are equally invasive, this is not the final rule for the case.

The next rule,

- Rule H21 is again a polyp rule, similar to H4 for single tumors: adenocarcinoma in a polyp is coded if there is any documentation about a tumor arising in a polyp, elsewhere in the pathology report or in the record.
The last three rules in the module are again standard rules:

- H22, code the histology when only one histology type is identified.
- H23, code the more specific histology.
- H24, code the histology with the numerically higher ICD-O-3 code.
Taking a “polyp” case for practice

- Patient presented for screening colonoscopy, with multiple polyps found and biopsied.
- Biopsy was positive for adenocarcinoma in polyp in the sigmoid colon, and a large adenoma with adenocarcinoma in the cecum.
- The margins were clear on the sigmoid polypectomy, and the patient was taken to surgery for right hemicolecotomy.
- Final pathologic diagnosis at surgery indicated a 4cm x 5cm adenocarcinoma arising in a tubulovillous adenoma of the ascending colon invading into the subserosal fat, with a second smaller adenocarcinoma 2cm distal to the cecum also invading into the subserosal fat, with 3 of 12 pericolonic lymph nodes positive for metastatic adenocarcinoma.
- Three tumors are identified: one in the sigmoid colon and two in the ascending colon, assuming that the adenocarcinoma in the cecum at colonoscopy is one of the two tumors of the ascending colon at hemicolecotomy.
Going to the “Multiple Tumors” module to determine the number of primary cancers, you note that M3 does not apply, you do not have a diagnosis of familial polyposis.

Rule M4 does apply, there are tumors in the sigmoid colon and the ascending colon, so at least these are separate primary cancers.

There are still two tumors in the ascending colon to decide about.
Rule M5 does not apply, these tumors were diagnosed at the same time, and for the same reason Rule M6 does not apply.

Rule M7 does apply, we have a frank adenocarcinoma and a tumor in a polyp in the ascending colon, so these two tumors are a single primary.

We stop, and go to the histology coding modules.
Taking the single tumor in the sigmoid colon first and going to the “Single Tumor” module, Rules H1 and H2 do not apply, there is a pathology report for the primary site tumor.

Rule H3 does not apply, this is not a diagnosis of “intestinal adenocarcinoma.”

Rule H4 does apply, the diagnosis is adenocarcinoma in a polyp, and the code for this histology is 82103.
There are two tumors abstracted as a single primary in the ascending colon, so use the “Multiple Tumors Abstracted as a Single Primary” to assign the histology code for this cancer.
Again, Rules H15 and H16 do not apply, there is a pathology report from the primary site.

Rule H17 does not apply, this is not a case of familial polyposis.

Rule H18 does not apply, we have a frank adenocarcinoma and adenocarcinoma in a polyp for this primary, rather than multiple malignant polyps.
Rule H19 again does not apply, this is not a case of multiple malignant polyps.

Rule H20 does not apply, both tumors are equally invasive into the subserosal fat.

Rule H21 does not apply, we have a frank adenocarcinoma and an adenocarcinoma in tubulovillous adenoma, and H21 only refers to the polyp codes.
Rule H22 does not apply, there is more than one histologic type.

Rule H23 does apply, there is an adenocarcinoma and a more specific type of adenocarcinoma, adenocarcinoma in tubulovillous adenoma.

The histology code for this second cancer in the ascending colon is 82633.